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TITLE: Lowering Internalized Homophobia In Men Who Have Sex With Men: A Randomized Controlled Trial.

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BACKGROUND OBJECTIVES: Can internalized homophobia, a major cofactor hypothesized as mediating risk behavior in men who have sex with men (MSM), be reduced? This question was studied as part of a wider study evaluating an innovative approach to HIV prevention.

METHODS: MSM volunteers ($N=443$) were randomly assigned to either a 2-day comprehensive sexual health promotion intervention or 3-hour video control. The intervention comprised a two-day comprehensive, sexual health promotion seminar designed to improve the sexual health of MSM. At baseline, post-intervention, and 3- and 12-month follow-up, participants completed a battery of tests, including the 26-item *Reactions to Homosexuality* scale (Ross and Rosser, 1996). Difference scores between experimentals and controls were calculated for total internalized homophobia (IH) and 4 subscales, and compared using t-tests.

RESULTS: Comparison of intervention ($n=211$) and control ($n=191$) scores at baseline confirmed no significant differences. Between pre-test and immediate post-test, a significant reduction in IH was found in the experimental but not the control group ($t_{210,190}=2.21$, $p=.027$). Investigation of subscales identified subscale 1: pubic identification as gay/bisexual ($t_{210,190}=2.81$, $p=.005$), and scale 4, religious-moral homophobia ($t_{210,190}=1.92$, $p=.055$), as the major contributors to this difference. Comparison of pretest with 3- and 12-month follow-up data demonstrated that while trends towards lower homophobia were evident in the intervention ($n=173$) but not the control ($n=140$) groups, these differences did not reach significance ($p>.05$).

CONCLUSION: The results demonstrate that internalized homophobia can be reduced through sexual health promotion seminars. Such reductions immediately post-test may dissipate over time. However, the loss of power due to attrition particularly in the control group may also explain the lack of significant differences at 12-month follow-up. The challenge to reducing long-term risk factors appears to be in maintaining improvements.

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